



QUARTERLY MONITORING REPORT

Form No. R2(Formerly Form No. R-5-8-1991)
Revised on 7/23/99

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Phone (317) 232-4055
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PART I		GENERAL INFORMATION	
Name of operator		Operators telephone number () -	
Address of operator (<input type="checkbox"/> Check here if this is a new address)			
City		State	Zip code
Report for the Quarter Ending (Check one)		Year	Note: Reports must be filed within 30 days after the end of the quarter.
<input type="checkbox"/> March 31, <input type="checkbox"/> June 30, <input type="checkbox"/> September 30, <input type="checkbox"/> December 31,			

PART II		REPORTING INFORMATION			
Note: All pressures and volumes must be monitored at least weekly and reported for the quarter by month.					
PERMIT NUMBER	WELL NAME AND NUMBER	REPORTING MONTH	DAYS IN OPERATION	TOTAL INJ. VOLUME (Bbl.)	MAXIMUM INJ. PRESSURE (PSI)

Note: Injection pressures must be in PSI measured at the wellhead.

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PART II (Cont'd)	REPORTING INFORMATION
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Note: All pressures and volumes must be monitored at least weekly and reported for the quarter by month.

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	List discrepancies and well specific notes here:
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Note: Injection pressures must be in PSI measured at the wellhead.

PART III	AFFIRMATION
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I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.

Signature of operator or authorized agent	Date signed
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Signature of operator or authorized agent	Date signed
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Special Requirements	
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1. Only those persons whose names appear in PARTS V or VI of the Organizational Report are authorized to sign this report.
2. Attach as many copies of this page as needed. NOTE: Only the final page must have the signed Affirmation.